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TRINITY COUNTY  
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CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2011 MAR 25 AM 1:46

Please type or print in ink.

NAME OF FILER (LAST) Chapman (FIRST) Debra (MIDDLE) Ann

1. Office, Agency, or Court

Agency Name Trinity County 4th Dist. Supervisor  
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: First 5 Trinity Position: Executive Director

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County ☒ County of Trinity  
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  
☒ Assuming Office: Date 1/4/2011  
☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_ Office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_

☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 1-24-11  
(month, day, year)

Signature



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

▶ **1. BUSINESS ENTITY OR TRUST**

Name Debra Chapman  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

Consultant

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000           /      / 10           /      / 10  
☐ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Sole Proprietorship    ☐ Partnership    ☐ Other \_\_\_\_\_  
YOUR BUSINESS POSITION Executive Director

▶ **2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499    ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

▶ **3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

▶ **4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000           /      / 10           /      / 10  
☐ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

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Name \_\_\_\_\_  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
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YOUR BUSINESS POSITION \_\_\_\_\_

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Comments: \_\_\_\_\_

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name \_\_\_\_\_

### ► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

## YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_ (Describe) \_\_\_\_\_

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

TERM (Months/Years)

\_\_\_\_\_ % ☐ None

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_ Street address

City

☐ Other \_\_\_\_\_ (Describe) \_\_\_\_\_

FPPC Form 700 (2010/2011) Sch. C  
FPPC Toll-Free Helpline: 866/275-3772 [www.fppc.ca.gov](http://www.fppc.ca.gov)